

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	
	Filing Date	
	First Named Inventor	STONES et al.
	Title	VACUUM PUMP
	Art Unit	
	Examiner Name	
	Attorney Docket Number	M03B354

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:



Practitioners associated with the Customer Number:

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Practitioner(s) named below:

Name	Registration Number

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature		Date	14/2/06
Name	IAN DAVID STONES	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of \_\_\_\_\_ forms are submitted.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	3 Feb 2006
Name	NIGEL PAUL SCHOFIELD	Telephone	
Title and Company			

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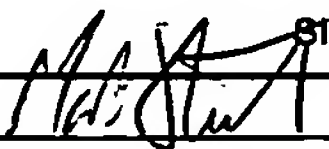
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SIGNATURE of Applicant or Assignee of Record			
Signature		Date	27-1-2006
Name	MARTIN NICHOLAS STUART	Telephone	01753 224432
Title and Company			

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